

# **Obesity: A Literature Review**

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## **Abstract**

Childhood obesity is an epidemic quietly making itself more prevalent in society today. Poverty, racial and ethnic disparities, parental decisions, schools, fast food and drastic economic shifts are all contributors to the rise in childhood obesity. These factors increase the possibility and evidence of obesity in children. Children, especially small ones, are unable to combat obesity themselves; thus, a call for intervention is made. By parental, governmental, medical, and educational institutions intervention in this issue children can resist the negative consequences of being overweight or obese. These articles will offer clarity to the issue of childhood obesity and provide background knowledge on its causes and offer unique solutions to solving the problem at hand.

## **Keywords**

childhood obesity, obesity, economic-disruption, self-esteem, depression, health, psychology

## **Introduction**

Childhood obesity is an epidemic quietly making itself more prevalent in society today. Poverty, racial and ethnic disparities, parental decisions, schools, fast food and drastic economic shifts are all contributors to the rise in childhood obesity. These factors increase the possibility and evidence of obesity in children. Children, especially small ones, are unable to combat obesity themselves; thus, a call for intervention is made. By parental, governmental, medical, and educational institutions intervention in this issue children can resist the negative consequences of being overweight or obese. These articles will offer clarity to the issue of childhood obesity and provide background knowledge on its causes and offer unique solutions to solving the problem at hand.

## Issues

Joseph E. Balog (2015), a professor with State University of New York College at Brockport for the Department of Public Health and Health Education, provided a brief definition of the issue at hand in his article, “Economic Disruption in Childhood Obesity: Destruction, Disconnection, Displacement of Children’s Health, and the Need for Social Change. *Health Education and Behavior*.” He explained childhood obesity as a nutritional disorder in pediatrics. He expressed that obesity, as it relates to one’s childhood, is common within the United States (p. 675). Therefore, the issue is that obesity and a lack of good nutrition is contributing to the rise in health issues and disorders in children or pediatrics.

Kakinami et al. (2014) provided additional details to the topic of childhood obesity as they identified the impact that poverty has on obesity in their article, “Poverty’s Latent Effect on Adiposity During Childhood: Evidence from a Quebec Birth Cohort.” This study gave context to the issue at hand and defined childhood obesity as the calculation of a child’s BMI (Body Mass Index) converted based on their age, sex, and growth curves according to the Center for Disease Control and Prevention (p. 240). This article identified the issue at hand as a result of an imbalance between a child’s age, height, weight, sex, and other factors analyzed by the Center for Disease Control and Prevention.

Lauren M. Rossen (2014), a senior health statistician in the Division of Research and Methodology at the National Center for Health and Statistics, also wrote of children’s BMI in relation to obesity. She denoted that youth in the United States are classified as obese based on their Body Mass Index being greater than the 95th percentile (p. 123). She dove deeper into the topic at hand in her article “Neighborhood Economic Deprivation Explains Racial/Ethnic Disparities in Overweight and Obesity Among Children and Adolescents in the United States.” Like Kakinami et al., Rossen (2014) directly related obesity to, or defined it as, the complex breakdown of the child’s BMI (Body Mass Index).

Holm (2008) furthered this discussion in their article, “Parental Responsibility and Obesity in Children.” In this article the author explained that obesity can be related to the total amount of energy a child consumes matched with the amount of energy a child releases or expresses (p. 22). He classified obesity as being an imbalance between the two. This can be compared to the description of the issue presented by Balog (2015). Ultimately, both authors discover that childhood obesity is an issue of nutrition and nutritional intake.

Mary G. Harper (2006) examined ways to prevent childhood obesity in her article, “Childhood Obesity: Strategies for Prevention.” The issue is defined using a legal definition provided by The American Academy of pediatrics. She explained the issue as a child whose Body Mass Index meets or surpasses the 95th percentile for age and gender as overweight or obese. Harper (2006), Rossen (2014), and Kakinami et al. (2014) agreed that the issue at hand directly related to whether the child being examined is at or above the 85th or 95th percentile in terms of their weight. This is unlike Holm (2008), and Balog (2015) who defined obesity as a nutritional disorder. Given that, one can begin to explore how explanations and definitions for the topic at hand provide readers with a preview to the causes of childhood obesity.

## **Causes**

Joseph E. Balog (2015) gave a unique cause and contributor to childhood obesity. The main cause identified in this article is economics (p. 695). He claimed that the prevalence and rise of obesity came as a result of the growth in the economy and environmental changes (p. 695). A change in the economy and economic costs now calls for a rise in obesity through an “economic well-being and happiness lens” (Balog, 2015, p. 695, 705). Thus, the rise in childhood obesity is presented as the result of economic changes that cause society and families to forcefully hold on to their dollars and behave loosely with their health.

According to Kakinami et al. (2014) poverty or low socioeconomic status is credited with the increase and prevalence of obesity in children (p. 239). This article insisted that if children are exposed to any form of poverty at any given point, they may face a chance of being overweight

or obese. “Our results suggest that any exposure to poverty may have adverse effects on a child’s adiposity” (Kakinami et al., 2014, p. 244). In comparison to Balog (2015), both make the claim that obesity in children is a result of economic status or the lack thereof. Therefore, childhood obesity is claimed to have connection with the categories of wealth a child may or may not fall under.

Rossen (2014) developed a similar cause of childhood obesity as introduced by Balog (2015) and Kakinami et al. (2014). The author noted that low-income communities do not have an adequate amount of access to stores containing food of nutritional value or opportunities for physical activity, but they do have unlimited access to fast foods and other unhealthy societal issues like crime; thus, contributing to poor diets and overweight and obese children (Rossen, 2014, p. 123). To say the least, childhood obesity is a result of cause and effect. Thus, the claim is made that because children are poor or are subject to low socioeconomic statuses and certain environmental conditions, they have a chance of becoming obese or overweight.

Holm (2008) contributed an identical cause to childhood obesity as examined by Balog (2015), Kakinami et al. (2014), and Rossen (2014). Holm (2008) addressed the idea that one of the first causes of obesity is living in an obesogenic society (p. 22). He attributed obesity to economic status. However, this is done through the lens of someone who is not restricted to living at or below the poverty line. According to Holm (2008), an obesogenic society is a society where access to foods with nutritional value is easily accessible, not scarce, and there is no uncertainty regarding access to these foods (p. 22). On the contrary, he suppressed the idea that obesity is a result of socioeconomic factors and made the claim that childhood obesity is a result of a child lacking enough physical ability to express as much energy as they consume (p. 22). The author expressed the idea that parents can be implicated as a cause in childhood obesity, as they can be credited with the feeding style a child has (p. 23). Unfortunately, parents are not the root cause of childhood obesity in every instance concerning an obese or overweight child (Holm, 2008).

In the same way that Balog (2015) and Rossen (2014) attributed childhood obesity to environmental changes other than socioeconomic status, Harper (2006) claimed that obesity is a result of environmental changes that push for a change in eating habits (p. 288). The author proclaims that “the family meal has been replaced by fast food or restaurant food, which is high in fat and calories but low in fruit and vegetables” (Harper, 2006, p. 288). The claim is made that the school systems introduction to foods that do not meet the US Department of Agriculture (USDA) standards are also a cause of childhood obesity, as they are sold to children outside of the school meal program in approximately 90% of all public schools (Harper, 2006, p. 288). Furthermore, these causes of childhood obesity come with more than enough consequences whether known or unknown.

## **Consequences**

“Children face a lifetime of increased risk of various diseases” (Balog, 2015, p. 675). According to Balog (2015), these diseases include, but are not limited to, “the development of metabolic syndromes, cardiovascular disease and youth onset type two diabetes that can cause significant physical and psychological distress” (p. 675). These diseases make themselves known as children’s health begins to decline due to a lack of good nutrition as previously claimed by Balog (2015). Thus, children are faced with the consequence of developing incurable diseases and bodily disorders if they are classified as obese or overweight.

Rossen (2014) recognized that children who are obese may have similarities to adults who smoke, have hypertension, and are classified as obese adults (p. 123). To assign a consequence to the issue of obesity, Rossen (2014) connected the health conditions of adults who are obese to that of children who are overweight. Alike Balog (2015), the consequences children are faced with when categorized as obese are a majority of health risks and diseases that could potentially last a lifetime.

In comparison to Balog (2015) and Rossen (2014), Holm (2008) made the statement that “children who are obese are more likely to suffer from a range of health problems” (p. 25). These health problems can

contribute to larger issues in children. Holm (2008) said that children who are classified as obese may face issues with low self-esteem, a lower quality of life, and have a shorter life expectancy (p. 25). Unlike Balog (2015) and Rossen (2014), Holm (2008) veered away from medical diseases and terminal illnesses and speaks towards how the child's life may be carried out with or without having developed a health disorder.

“Obesity places children at risk of physical, mental, and social health disorders” (Harper, 2006, p. 289). Harper (2006) combined all the claims made by Balog (2015), Rossen (2014), and Holm (2008). She stated that obese children are subject to the consequences of hypertension, hypercholesterolemia, type two diabetes, and coronary artery disease (p. 289). Not only are obese and overweight children faced with medical issues and diseases, but they are challenged with mental health issues such as low self-esteem, and depression (p. 289). She provided the claim that “these children are also subject to negative stereotyping, discrimination, teasing, and bullying” (Harper, 2006, p.289). Moreover, obese children are faced with daily challenges and consequences if nothing is done, and necessary changes are not made to improve their overall health.

## **Solutions**

Balog (2015) presented one clear solution and call to action in his article. He placed a burden on public policies in charge of the food industry's marketing and promotion of unhealthy foods and agricultural and economic policies that contribute to the continuous production of and increased consumption of these harmful foods and products to change and intervene in the health crisis that is childhood obesity (p. 715). He also implied that these policy changes could contribute to “much greater numbers of educational programs for increase physical activity and healthy eating behaviors” (Balog, 2015, p.715). Thus, a change in policy may prevent a rise in childhood obesity cases.

Kakinami et al. (2014) called out public policies as being desperately in need of change (p. 244). This is like Balog's (2015) solution. However, Kakinami et al. (2014) argued that the change in public policy should be directed at the issue of poverty which Kakinami et al. (2014)

claimed is one of the causes of childhood obesity. “Public health policies to decrease chronic exposure to poverty will help diminish the risk of a child being overweight or obese” (Kakinami et al., 2014, p. 244). Therefore, amending public policies that fix or erase factors contributing to the issue of poverty would be best to prevent a rise in childhood obesity as time progresses.

According to Holm (2008) the solution to the issue of childhood obesity is a change in many aspects of the child’s lifestyle (p. 26). He stated that there is a need for collective change within that lifestyle instead of only changing one factor contributing to obesity. Unlike Balog (2015) and Kakinami *et al.* (2014), Holm (2008) argued that there must be a change in eating habits, engaging in physical activity, and that the entire family will need to be on board to set an example, as this does not apply just to the obese child (p. 26). Moreover, changes in the child’s health and the environment around the child will need to be made in order to diminish the issue of childhood obesity.

Harper (2006) presented a similar solution to Balog (2015) and Kakinami et al. (2014). Harper (2006) examined each level of government and discussed how they can implement policies to prevent and aid in the issue of childhood obesity (p. 295). For example:

Numerous opportunities exist for healthcare professionals to influence policy initiatives related to childhood obesity and for direct involvement in the best practice prevention activities. At the federal level, these opportunities include: demanding policy statements in lobbying by professional organizations, communicating the need for placing the childhood obesity issue on the agenda of elected officials, requesting increased authority of the USDA to mandate minimum nutritive levels of foods made available in public schools; and becoming involved in the non-profit initiatives such as the American Heart Association/Clin-ton foundation initiative, creating a healthier generation, which has a goal of decreasing the incidence of childhood obesity by 10% in the next decade (Harper, 2006, p. 295).

In summary, the issue of childhood obesity can be solved through the implementation and use of complex solutions that provide an opportunity for change on every level and can, in some way, combat childhood obesity.

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